

WHITE HOUSE
FAITH-BASED
AND
COMMUNITY
INITIATIVES

COMPASSION
IN ACTION

ROUNDTABLE

*Community-Based Solutions
for Health Needs*



October 22, 2008

INTRODUCTION

In January 2007, the White House Office of Faith-Based and Community Initiatives (OFBCI) launched a series of monthly Compassion in Action Roundtable meetings to highlight organizations, programs and policies that effectively address critical social needs. The roundtables convene and facilitate discussion between policymakers, government officials, philanthropists, and faith-based and other community service providers around targeted issues.

The events are designed to advance a broad-based reform agenda that regards frontline nonprofit organizations as central players in addressing poverty, disease and other great needs. Each roundtable highlights and explores innovative models and promising practices for government partnership with faith-based and other community organizations to solve real-world problems.

Among the most pressing needs faced by many low-income communities is access to quality primary healthcare. Without access to quality primary care, routine illnesses can become severe and minor health problems can flare into much more significant conditions.

Recent data suggests that 90 million Americans live with a chronic disease that affects their quality of life. Alongside tragic consequences for the individual, this reality also carries tremendous costs for the broader society in lost productivity, safety-net expenditures, and other impacts. Lack of access to quality preventive care also contributes to troubling health disparities experienced by underserved communities, including above-average rates of heart disease, diabetes, HIV/AIDS, and childhood obesity.

Across the country, frontline faith-based and other community organizations are among the central actors in driving creative solutions to these complex issues. Often in partnership with innovative private sector and government initiatives, these entrepreneurial nonprofits are providing quality healthcare and preventive services at the community level to the underserved.

Today's Roundtable will focus on innovative and effective policies, programs and partnerships that engage faith-based and community solutions to promote healthy choices and deliver quality healthcare in underserved communities.

The Faith-Based and Community Initiative is built from the conviction that the most effective way to address our communities' great needs is to draw upon the unique strengths of every willing community and faith-based partner. Through innovative models and expanded partnerships with frontline organizations, communities can battle disease and ill-health, and boost critical health resources for their most vulnerable citizens.

COMMUNITY-BASED SOLUTIONS FOR HEALTH NEEDS

October 22, 2008 10:00 am – 12:00 pm

10:00 am

Welcome and Introduction

Jedd Medefind, Special Assistant to the President and Acting Director
White House Office of Faith-Based and Community Initiatives

10:10 am

Keynote Remarks

Steven K. Galson, M.D., M.P.H.
RADM, USPHS
Acting U.S. Surgeon General

10:25 am

Innovation through Community Health Centers

Moderator: Deborah Parham Hopson, RADM, Associate Administrator for HIV/AIDS,
Health Resources Services Administration
U.S. Department of Health and Human Services

Panelist: Dr. Rick Donlon, Founder
Christ Community Health Services

Panelist: Yasser Aman, M.P.H., Executive Director
UMMA Community Clinic

Panelist: Dr. Gary Gunderson, Senior Vice President for Health and Welfare,
Methodist LeBonheur Healthcare

11:05 am

Report: Partnerships with Faith-Based and Community Organizations

Dr. Joyce D. K. Essien, Senior Advisor, Office of the Director, National Center for Health
Marketing, Centers for Disease Control

11:10 am

Community and Faith-Based Solutions

Moderator: Penelope Royall, RADM, Director, Office of Disease Prevention and
Health Promotion
U.S. Department of Health and Human Services

Panelist: Dr. Neil Calman, CEO
The Institute for Family Health

Panelist: Pat Peterson, Coordinator, Minnesota Immunization Networking Initiative,
Minnesota Faith Health Consortium

Panelist: Dr. Mona Fouad, M.D., M.P.H., Professor of Medicine and Director,
Minority Health and Research Center
University of Alabama at Birmingham

Panelist: Vivian Berryhill, President
National Coalition of Pastors' Spouses

12:00pm

Adjourn

PRIVATE EFFORTS FOR COMMUNITY HEALTH SOLUTIONS

Christ Community Health Services

In 1995 Dr. Rick Donlon and three medical school classmates opened Christ Community Health Services (CCHS), a primary-care health center for the poor in Memphis' most medically under-served neighborhood. Over the last 13 years, CCHS has grown to four locations, with twenty physicians and ten nurse practitioners, providing over 90,000 patient visits and delivering 800 babies annually. Over the last four years CCHS has sent medical missionaries to Afghanistan, India, Sudan and Somalia. Dr. Donlon is board certified in both Internal Medicine and Pediatrics, and serves as CCHS's Associate Executive Director and the Clinical Director of HIV/AIDS Services. He and his wife Laurie and their six children live in the Binghampton neighborhood of Memphis, where he works and serves as an elder in their house church.

The Institute for Family Health

The Institute for Family Health is a New York based federally qualified health center network that consists of 16 full time health centers and eight part time centers, providing medical, dental, and mental health services to minority, uninsured, and disadvantaged patients throughout the Bronx, Manhattan, Ulster and Dutchess counties. The organization also operates two family medicine residency programs, one in NYC and one in Kingston, NY, which graduate 16 new family doctors each year.

The Institute is the lead agency in the Bronx Health REACH Coalition, a group of 40 community and faith-based organizations committed to the elimination of racial and ethnic disparities in health outcomes. This project focuses on health promotion, primary prevention, environmental change, and advocacy to improve the health of the community and address the root causes of racial disparities in health. Last year, the Institute was named a National Center of Excellence in the Elimination of Health Disparities by the CDC.

More than 40 grant-funded programs support the organization's efforts to serve special populations like those affected by HIV/AIDS and people who are homeless, as well as the Institute's award winning work on health care disparities and health information technology. These include grants from the Public Health Service, the Centers for Disease Control, the National Institutes of Health, and the NYS Department of Health. This year the Institute received the New York Times Company Nonprofit Excellence Award at for Excellent Use of Technology and Focus on Mission.

Methodist LeBonheur Healthcare

Methodist LeBonheur Healthcare is one of the largest health systems in the United States with nearly 11,000 employees, seven hospitals and a complex array of services and community partnerships. It is an integrated healthcare delivery system founded in 1918 (and still governed) by the United Methodist Church, and has a broad partnership with public and private institutions including the University of Tennessee as the main teaching hospital and extensive governmental programs for the health of the poor. The health system is the largest provider of TennCare services in the state and provides the same number of indigent days of care as the public hospital.

The Health and Welfare Division is responsible for the continuum of pastoral services which include those offered inside the walls as well as through partnerships with 121 congregations and community partners. The division has achieved widespread attention for newly launched programs on community health, Life of Leaders and its new Center of Excellence in Faith and Health. The system partners with the University of Memphis and maintains continuing ties with Emory University School of Public Health. The health system also works closely with the United Methodist General Board of Global Ministries by coordinating several of its national networks of health ministries and cooperates in international ministries in Africa and Russia

as well as with the Board of Pensions and Health in national strategy to advance clergy health.

Minnesota Faith Health Consortium

The Minnesota Faith Health Consortium is part of Fairview Health Services, a not-for-profit, integrated healthcare network serving Minneapolis-St. Paul, as well as communities throughout greater Minnesota and the Upper Midwest. Fairview includes seven hospitals with more than 2,500 licensed beds. The continuum of services brings continuity of care through an academic teaching hospital, six community hospitals, 36 primary care and 55 specialty clinics, home care and hospice services and rehabilitation services.

As a part of the Fairview Community Health department, the Consortium seeks to fulfill the mission of Fairview which is "to improve the health of the communities we serve". The Minnesota Immunization Networking Initiative (MINI) Project began in 2006 as a Consortium initiative and has provided over, 9,500 free influenza immunizations in the last two seasons. Working through non-traditional settings such as churches and community centers, the MINI Project serves primarily uninsured minority populations. For the 2008-09 season, currently 27 free clinics have been scheduled.

National Coalition of Pastors' Spouses

The National Coalition of Pastors' Spouses (NCPS), formed in 2001 as a nonprofit, nonpartisan multi-denominational network of men and women with one common mission: addressing health disparities that disproportionately impact communities of color.

Comprised of approximately 2,500+ clergy spouses, NCPS is committed to raising awareness and improving risk identification for disease and other social ills by empowering women and families through neighborhood churches and religious institution. Our organization's five areas of focus include: cardiovascular, HIV/AIDS, diabetes, stroke and teen pregnancy.

University of Alabama at Birmingham

Public Health Problem

Despite improvements in the nation's overall health, a disproportionate number of racial and ethnic minority groups in America are likely to have poor health and die prematurely. African Americans bear a higher burden of cancer than their white counterparts. As with breast cancer, African American women experience higher death rates from breast and cervical cancer than women in other groups.

Taking Action

With support and funding from the Centers for Disease Control and Cancer Prevention, the Alabama Breast and Cervical Cancer (Racial and Ethnic Approaches to Community Health by 2010) Coalition at the University of Alabama at Birmingham engaged a variety of stakeholders, key leaders and concerned citizens from community-based and faith-based organizations, state health departments, grassroots agencies, and health care organizations (both public and private) in efforts to promote awareness of and increase participation in breast and cervical cancer screening services in selected counties over an 8-year period. To complement these efforts, a dedicated volunteer core working group of 241 trained community health advisors, nurses, other health care professionals, and clergy disseminated culturally appropriate health information and conducted numerous community-based outreach efforts to support, encourage, and assist women in accessing screening services and navigating the complex health care system. This tailored approach helped to eliminate barriers women faced when attempting to access health services.

Results

Working in tandem, the coalition addressed individual, community systems and provider-related barriers that prevented women from participating in breast and cervical cancer screening. For example, in Choctaw

County, African American women were less likely to get a mammography screening compared to white women. In 8 years, the proportion of African American who received mammography screenings increased from 29% to 61%, surpassing the rate for white women by 13%. In Dallas County, a lower mammography screening rate among African American women (30%) compared to white women (50%) was virtually eliminated within the same time frame. According to data from the eight counties that the Alabama REACH program focused on, the gap in mammography screening rates between African American and white women decreased by 76% over the same 8-year time span.

Implications & Next Steps

Eliminating breast and cervical cancer health disparities requires a coordinated and unified effort among interested stakeholders and a genuine commitment to continuous community capacity building and empowerment, all of which are the building blocks of the Alabama REACH 2010 project. Based on successes and lessons learned from REACH 2010, the Alabama REACH coalition received a 5-year CDC grant to serve as a Center of Excellence in the Elimination of Health Disparities, which is designed to address the root causes of health disparities through community based participatory measures in Alabama, Arkansas, Kentucky, Tennessee, Mississippi, and Louisiana.

UMMA Community Clinic

Located in South Los Angeles, the University Muslim Medical Association (UMMA) Community Clinic is an independent Federally Qualified Health Center serving as the medical home and family doctor to over 2,200 patients annually. UMMA's mission is to promote the well-being of the underserved by providing access to high-quality health care for all, regardless of ability to pay. Established in 1992 just blocks from the infamous flashpoint of the L.A. uprising, as the region struggled to rebuild, Muslim Americans responded by forming the nation's first Muslim American founded charitable

health care center. Muslim students at UCLA founded UMMA clinic, inspired by the Islamic imperatives of civic engagement and compassion. Over a decade later, UMMA remains a beacon of inspiration; today, over two dozen separate charitable clinics founded by Muslim Americans are serving the nation's poorest communities.

While UMMA's diverse staff works tirelessly to provide affordable, high-quality health care to South L.A.'s neediest families, local health disparities are only growing. The region holds the unfortunate distinction of having Los Angeles County's highest rates of poverty, disease and in access to health care. Yet, as the closure of local hospitals and clinics is causing the number of primary care physicians to dwindle, medical education remains an invaluable component of UMMA's mission. Since its inception, the clinic has trained hundreds of medical residents and students from top institutions like UCLA and Children's Hospital-LA, in hopes of cultivating a new generation of mission driven health professionals to care for the underserved. Though the UMMA clinic's impact has been recognized far and wide, ultimately, our success is measured by the trust and satisfaction placed in us by our over 20,000 patients.

FEDERAL EFFORTS FOR COMMUNITY HEALTH SOLUTIONS

COMPASSION IN ACTION ROUNDTABLE

U.S. Agency for International Development

The USAID programs in global health represent the commitment and determination of the U.S. government to prevent suffering, save lives, and create a brighter future for families in the developing world. USAID's commitment to improving global health includes confronting global health challenges through improving the quality, availability, and use of essential health services.

HIV/AIDS

USAID is a key partner in the President's Emergency Plan for AIDS Relief, the largest commitment ever by any nation for an international health initiative dedicated to a single disease — a five-year, \$18.8 billion multifaceted approach to combating the disease in more than 120 countries around the world. USAID's interventions support people living with AIDS, including orphans and vulnerable children, and strengthen the capacity of families, communities, and those affected to respond to the AIDS crisis. In 2007, 87 percent of PEPFAR partners were indigenous organizations, and nearly a quarter were faith-based.

Malaria

Although malaria is a preventable and treatable disease, every 30 seconds an African child dies of malaria. USAID works closely with national governments to build their capacity to prevent and treat the disease. In addition to its ongoing malaria programs, the Agency also manages programs through the President's Malaria Initiative (PMI), a \$1.2 billion, five-year initiative to control malaria in Africa announced by President Bush in June 2005. PMI aims to reach 85 percent of the most vulnerable groups — children under 5 years of age and pregnant women — with proven and effective prevention and treatment measures.

PMI's ambitious objectives can only be achieved through close partnerships with civil society organizations, including NGOs, community-based organiza-

tions, and faith-based groups, which are well placed to deliver services to people in remote areas, and offer a high degree of credibility at the community level. These organizations make up more than 75 percent of PMI's partners.

Maternal & Child Health

USAID is committed to improving the health and well-being of children and families in the developing world. For 40 years, USAID has helped children throughout the world grow into healthy, productive adults. Progress in child survival and disease control has long been, and remains, among the Agency's major accomplishments. A mother's health profoundly affects the health and well-being of her children. USAID's approach to improving maternal health and the health of newborn children includes community involvement, evidence-based interventions, and compassionate high-quality services. Key interventions such as iron supplementation, malaria treatment, safe and clean delivery, and treatment of obstetric and newborn complications are improving the health outcomes for mothers and infants around the world.

Child Survival and Health Grants Program (CSHGP)

Since 1985, USAID has supported community-based child survival and health programs implemented by nongovernmental organizations (NGOs) and their local partners. Sustained health improvements are achieved through capacity building of communities and local organizations and improved health systems and policies. In order to reach vulnerable populations, grantees work in a variety of settings from district to national level, and partner with local groups including community-based organizations, local NGOs and district and national health authorities.

The CSHGP supports the CORE Group, a network organization of 44 NGO members collectively working in over 168 countries. CORE's mission is to strengthen local capacity on a global scale to measur-

ably improve the health and well-being of children and women in developing countries through collaborative NGO action and learning.

For more information, see the CORE website:
<http://www.coregroup.org>.

The CSHGP also provides resources to ORC/Macro International under the Child Survival and Technical Support Plus Project (CSTS+). CSTS+ offers an array of services to CSHGP and its partners, including grantees, potential grantees and new partners. CSTS+ activities seek to enhance the contributions of grantees and their local partners to carry out effective, quality child and maternal health and infectious disease programs. For more information, see the CSTS+ website:
<http://www.childsurvival.com>.

Snapshot: Christian Reformed World Relief Committee

Beginning as a New Partner to the Child Survival and Health Grants Program in 2004, Christian Reformed World Relief Committee (CRWRC) brought new perspectives and approaches to the portfolio, as well as three local implementing partners which are sub-granted to conduct Child Survival Program activities in three districts of Bangladesh.

In Bangladesh, CRWRC convenes The Learning Circle, a forum for learning and networking among 16 local partner organizations involved in community health and development. CRWRC works closely with its three implementing partners to build their capacity to implement child survival activities. Two of the organizations have become national NGOs with their own registration. A Health Coordinator and Health Animators at each organization is responsible for forming and strengthening community groups and health committees; coordinating training for traditional birth attendants and community health volunteers; and serving as the primary implementers of all health activities, including setting up monthly mother/child immunization programs with the government, weighing

children, obtaining and distributing zinc, iron tablets, and vitamin A, and teaching health courses in the communities.

U.S. Department of Health and Human Services

The U.S. Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. Each year, HHS administers more grant dollars than all other federal agencies combined — distributing 60% of all federal dollars awarded. With programs covering a wide spectrum of activities, there are many opportunities for faith-based and community organizations (FBCOs) to partner with HHS.

For more information on HHS, visit www.hhs.gov/fbci.

The President's Health Center Initiative

Seeking to expand access to primary medical care in high-need areas, President Bush launched his Health Center Initiative in 2002. For more than 40 years, both faith-based and other community nonprofits have delivered primary health care services, many through a network of federally funded Community Health Centers (CHC) administered through HHS' Health Resources and Services Administration (HRSA). These Health Centers serve people of all ages, with or without health insurance, and regardless of race or ethnicity. The President set the goal of adding 1,200 new and expanded Health Center sites through Health Center Initiative within a five-year period, reaching millions of people who might otherwise have gone without basic medical care. As of December 2008, the Administration has since exceeded that goal with more than 1,200 new or expanded health center sites.

Funding for CHCs in 2008 represents a nearly \$900 million (77 percent) increase over 2001 levels. Health Centers have received \$12 billion in funding from 2002 to 2008. Faith-based Health Centers are an

important part of this work, winning more than \$70 million in 2006 alone.

For more information, visit <http://bphc.hrsa.gov/presidentsinitiative/>

REACH U.S.

Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.) is a national, multilevel program that serves as the cornerstone of HHS' Center for Disease Control and Prevention's (CDC) efforts to eliminate racial and ethnic disparities in health. Through REACH U.S., CDC supports 40 grantee partners that establish community-based programs and culturally-appropriate interventions to eliminate health disparities among the following racial and ethnic groups: African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders.

For more information, visit <http://www.cdc.gov/reach>
Childhood Overweight and Obesity Prevention Initiative

Today, 12.5 million children are overweight in the United States—more than 17 percent. Overweight children are at greater risk for many serious health problems. The Surgeon General's Childhood Overweight and Obesity Prevention Initiative promotes the importance of healthy eating and physical activity at a young age to help prevent overweight and obesity in this country.

For more information, visit <http://www.surgeongeneral.gov/obesityprevention/>

HealthierUs.gov

This HealthierUS initiative is part of a broad presidential agenda designed to help Americans, especially children, live longer, better, and healthier lives. HealthierUS.gov provides credible, accurate information to help Americans choose healthier habits. The HealthierUS initiative is a national effort to prevent

and reduce the costs of disease, improve people's lives and promote community health and wellness.

For more information visit www.HealthierUs.gov

The President's Challenge

The President's Challenge is a program that encourages all Americans to make being active part of their everyday lives. No matter what your activity and fitness level, the President's Challenge can help motivate you to improve. No matter how active you may be, the President's Challenge has expanded into a whole series of programs designed to help improve anyone's activity level — young and old.

For more information visit
<http://www.presidentschallenge.org/>

Physical Activity Guidelines for Americans

The 2008 Physical Activity Guidelines for Americans published by HHS is designed to provide information and guidance on the types and amounts of physical activity that provide substantial health benefits for Americans aged 6 years and older. The main idea behind the Guidelines is that regular physical activity over months and years can produce long-term health benefits.

The Physical Activity Guidelines for Americans are the most comprehensive of their kind. They are based on the first thorough review of scientific research about physical activity and health in more than a decade. A 13-member advisory committee appointed in April 2007 by Secretary Leavitt reviewed research and produced an extensive report.

To view the key guidelines, visit <http://www.health.gov/paguidelines/>

Body & Soul

Body & Soul is a health program developed for African American churches by HHS, the National Institute for Health, and that National Cancer Insti-

tute. The program encourages church members to eat a healthy diet rich in fruits and vegetables every day for better health. Churches that embrace Body & Soul help their members take care of their bodies as well as their spirits.

For more information, visit www.bodyandsoul.nih.gov

U.S. Department of Veterans Affairs

Department of Veterans Affairs (VA) Veterans Health Administration (VHA) operates the largest direct health care delivery system in America. VA meets the health care needs of America's veterans by providing a broad range of primary care, specialized care, and related medical and social support services. VA focuses on providing health care services that are uniquely related to veterans' health or special needs. VA is also the Nation's largest provider of health care education and training for medical residents and other health care trainees. These education and training programs are designed to help ensure an adequate supply of clinical care providers for veterans and the Nation.

VA conducted veteran-centered medical research is a priority. VA advances medical research and development in ways that support veterans' needs by pursuing medical research in areas that most directly address the diseases and conditions that affect veterans. Shared VA medical research findings contribute to the public good by improving the Nation's overall knowledge of disease and disability.

The number of unique patients using VA's health care system has risen dramatically in recent years, increasing from 3.8 million in 2000 to 5.6 million in 2007. VA commitment to delivering timely, high quality health care to America's veterans remains a top priority. In 2007, VA achieved the following key results in the health care area:

- *Vision Care*: VA reorganized its vision rehabilitation services to provide care tailored to each veteran's

needs with treatment provided at the site best prepared to address the need.

- *Medical Devices and Technology*: VA was recognized as a leader in prosthetics and amputee care by ensuring that new devices and technology have practical applications for patients. VA's innovative program involves not only improving technology and teaching amputees to walk or use artificial arms and hands, but also providing long-term care to improve functioning months or years after amputation.
- *Traumatic Brain Injury (TBI)*: VA led the way in care for TBI with the latest innovations for the newest generation of combat veterans returning from Iraq and Afghanistan. Accomplishments included the following: (1) Developed a mandatory TBI training course for all VA health care professionals, and (2) Instituted a program to screen all patients who served in the combat theaters of Iraq or Afghanistan for TBI.
- *Vet Centers*: VA opened 23 more Vet Centers and announced plans to have a total of 232 by the end of 2008. As more newly returning combat veterans are turning to VA for health care, the Department continues to enhance services to provide veterans with world-class care. VA established 100 new patient advocate positions to help severely injured veterans and their families navigate the Department's systems for health care and financial benefits, and thereby provide for a smooth transition to VA health care facilities, while also cutting through red tape for other benefits
- *Community Based Outreach Centers (CBOCs)*: Since 1995, VHA has approved and activated over 724 CBOCs to improve access for veterans' healthcare within the communities. CBOC healthcare for veterans is a partnership between field offices and VHA Central Office. Decisions regarding CBOC needs and priorities are made in the context of available

resources, as well as local market circumstances and veteran preferences.

- Through the CARES Planning Process, (Capital Asset Realignment for Enhanced Services), the Secretary's 2004 CARES Decision Document gave priority status to 156 CBOCs proposed for implementation between 2004 and 2012 for the purpose of providing veterans with access of health care within their community.

For more information, please go to Health Care — Veteran Health Administration and click on the following link: <http://www1.va.gov/health/index.asp>

BIOGRAPHIES

COMPASSION IN ACTION ROUNDTABLE

■ YASSER AMAN, M.P.H.

Executive Director

UMMA Community Clinic

Yasser Aman is the President and CEO of the University Muslim Medical Association (UMMA) Community Clinic, the first Muslim-founded community clinic in the United States, located in Los Angeles, California. He has received his degrees from UCLA with Bachelors in Cell Molecular Biology and a Masters in Public Health specializing in health services management. He currently is pursuing his doctoral studies at the UCLA School of Public Health with an emphasis in health access and health policy. Yasser also serves as the co-chair for California Senator Mark Ridley Thomas's Empowerment Congress Health Committee and the co-chair for the community core committee at the UCLA Center for Minority Health Disparities. He is also a co-founder of the Southside Coalition of Health Centers, a coalition of community clinics serving the South L.A. Finally, Yasser also serves on the Board of the Community Clinic Association of Los Angeles County.

■ VIVIAN BERRYHILL

President

National Coalition of Pastors' Spouses

Mrs. Vivian Berryhill is president and founder of the National Coalition of Pastors' Spouses (NCPS), a nonprofit, nonpartisan network of more than 2,500+ clergy spouses from varying denominations across the country. She is committed to her organization's mission to raise awareness through health education, by working through churches and religious institutions to empower women to take action to improve health. In April 2006, she received the prestigious Presidential Service Award from President George W. Bush for her dedicated service to national and international health-

care initiatives. Her organization co-hosted World AIDS Day 2006 in Memphis, TN. December 1st.

Mrs. Berryhill devotes countless hours, both domestically and internationally, in her quest to encourage pastors' spouses to use faith institutions as "health hubs" in the fight to reverse the effects of the debilitating diseases that are disproportionately impacting families and communities. On the front-line to enlighten people of color on the scourge of HIV/AIDS, Mrs. Berryhill accompanied U.S. Health and Human Service Secretary Tommy Thompson on an HIV/AIDS fact-finding mission to four countries in sub-Saharan Africa in 2003. She also represented the United States as a private sector delegate at the 57th International World Health Organization in Geneva Switzerland in May 2004; toured faith-based sites in Peru, Bolivia and Chile in June 2005, expanding the network of pastors' spouses and touting her organization's innovative approach to HIV/AIDS to pastors' spouses in that region; and led a delegation of pastors' spouses to the 2004 International HIV/AIDS Conference in Bangkok Thailand to present the abstract entitled: "Faith Leaders' Spouses Are Integral to Faith-Based HIV/AIDS Outreach in Communities of Color" It was one of 2,000 selected from a field of 10,000 entries for presentation.

Mrs. Berryhill was honored in Washington, DC, along with Senator Hillary Clinton (D-NY) and Congresswoman Nancy Johnson (R-CT) for her organization's development of the widely circulated "Faith Matters: How Faith Leaders Can Help Prevent Teen Pregnancy" guide — a collaborative effort with the National Campaign to Prevent Teen Pregnancy. True to her pioneering spirit, recently spearheaded a team of pastors' spouses, and medical and governmental experts to draft a national faith-focused diabetes curriculum: "Faith In Action: Exposing the Disease — Diabetes". This program is designed to strengthen the capacity of

African- American churches by educating and empowering pastors' spouses to develop culturally-appropriate and sustainable diabetes ministries and programs.

■ **NEAL CALMAN, M.D.**

CEO

The Institute for Family Health

Neal Calman is a Board Certified family physician who has been practicing in the Bronx and Manhattan for the past 30 years. He is a co-founder of the Institute for Family Health where he has served as President and CEO since 1983. Over the past 24 years the Institute has grown to include 15 Federally Qualified Health Centers in the Bronx, Manhattan and in the Mid-Hudson Valley, 8 sites to deliver health care to the homeless, 3 dental centers, 2 mental health centers, 2 school health centers, 2 free clinics and extensive home visitation programs to assist families in rural areas.

Dr. Calman has a long history of public service. He currently serves on the New York State Council on Graduate Medical Education where he is Chair of the Health Reform and Finance Subcommittee. He is also on the Board of Directors of the Community Health Care Association of New York State and a past President of the New York State Academy of Family Physicians.

In September 1999, Dr. Calman became the project director of Bronx Health REACH funded by the Centers for Disease Control to work towards eliminating racial and ethnic differences in health outcomes in the Bronx. Bronx Health REACH is nearing the end of its 10th year and involves over 40 community and faith-based organizations in a multi-part intervention to improve the primary prevention of diabetes and to improve the care that diabetic patients receive in the Bronx. His published essay *Out of the Shadows* (Health Affairs, Jan/Feb 2000) details his experiences in

dealing with racism in the care of his patients. *Making Health Equality a Reality: The Bronx Takes Action* (Health Affairs, Mar/Apr 2005) describes the community based policy actions that have evolved from this grassroots effort to address institutional racism in medical care. This work was published in a monograph distributed by Bronx Health REACH called *Medical Apartheid in New York City*. In 2007 the Institute received designation by the CDC as a National Center of Excellence in the Elimination of Disparities (CEED).

Dr Calman's research work is funded by grants from the Centers for Disease Control, the National Institutes of Health and numerous foundations and private philanthropies.

■ **RICK DONLON, M.D.**

Founder

Christ Community Health Services

Rick Donlon grew up in New Orleans, graduated from LSU-N.O. medical school, and completed a combined Internal Medicine and Pediatrics residency at the University of Tennessee, Memphis. In 1995 he and three medical school classmates opened Christ Community Health Services (CCHS), a primary-care health center for the poor in Memphis' most medically under-served neighborhood. Over the last 13 years, CCHS has grown to four locations, with twenty physicians and ten nurse practitioners, providing over 90,000 patient visits and delivering 800 babies annually. Over the last four years CCHS has sent medical missionaries to Afghanistan, India, Sudan and Somalia. Dr. Donlon is board certified in both Internal Medicine and Pediatrics, and serves as CCHS's Associate Executive Director and the Clinical Director of HIV/AIDS Services. He and his wife Laurie and their six children live in the Binghampton neighborhood of Memphis, where he works and serves as an elder in their house church.

■ JOYCE D. K. ESSIEN

*Senior Advisor, Office of the Director
National Center for Health Marketing
Centers for Disease Control*

Joyce D. K. Essien, MD, MBA is Senior Advisor to the Office of the Director, Division of Partnerships and Strategic Alliances, National Center for Health Marketing, CDC; a Commissioned Officer with the rank of Captain in the US Public Health Service at the Centers for Disease Control and Prevention (CDC); and the Director of the Center for Public Health Practice at the Rollins School of Public Health, Emory University. Dr. Essien currently leads a team in collaboration with the Sustainability Institute that is building and applying simulation and syndemic modeling applications to inform cross sectoral policy, strategy, deliberation and decision support for strategic interventions at national, state and local levels to reduce the present and future burden of diabetes.

Dr. Essien is co-author of the Public Health Competency Handbook- Optimizing Individual and Organizational Performance for the Public's Health and serves on the Executive Committee of the Atlanta Medical Association, the Boards of Directors of the VHA Foundation, the Atlanta Regional Health Forum and ZAP Asthma Consortium, Inc.; the Advisory Committees for the Association for Community Health Improvement and the MPH Program at Florida A& M University where she serves as Chair. She is a member of The Bon Secours Hospital System Board Quality Committee; The Institute for Alternative Futures Biomonitoring Futures Project and Disparity Reducing Initiatives.

The ZAP Asthma Consortium, Inc., co- founded by Dr Essien, is the recipient of the Rosalyn and Jimmy Carter Partnership Award and for her service and contributions, Dr. Essien was a recipient in 1999 of the Women in Government Award from Good Housekeeping Magazine, The Ford Foundation, and The Center for American Women and Politics at Rutgers Univer-

sity. She is also the recipient of the Thomas Sellars Award from the Rollins School of Public Health and the Unsung Heroine Award from Emory University. Dr. Essien is one of three recipients of the 2008 Excellence in Medicine Award from the American Medical Association Foundation.

■ MONA FOUAD, M.D., M.P.H.

*Principal Investigator
University of Alabama at Birmingham*

Dr. Fouad is a Professor in the UAB Division of Preventive Medicine, Director of the UAB Minority Health and Research Center, and a Scientist in the Comprehensive Cancer Center, the Center for Aging, and the Nutrition Research Center at UAB.

Dr. Fouad is involved in several minority-specific research studies, including serving as the PI for the "Cancer Care Outcomes Research and Surveillance Consortium (CanCORS) Colorectal and Lung Cancer PDCR Site," an NCI-funded study, as PI for the UAB Minority Screening Center of the NCI-funded "Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial." She is also the PI for the CDC-funded project entitled, "Racial and Ethnic Approaches to Community Health by the Year 2010 (REACH 2010)", and its CDC-funded continuation, REACH US Mid-South Center of Excellence in the Elimination of Disparities (CEED), a model that will serve as an infrastructure to implement, evaluate, and disseminate locally, regionally and nationally a community action plan to reduce breast and cervical cancer disparities between African American and white women. Dr. Fouad is also PI of the NCMHD-funded Comprehensive Minority and Health Disparities Research Center which focuses upon the interdisciplinary research efforts needed to understand and eliminate problems related to cancer screening and diabetes/obesity in the Deep South.

Dr. Fouad also has played a prominent leadership role in the merging of efforts with UAB and Historically Black Colleges and Universities (HBCUs) to train minority researchers and leaders in the national effort to eliminate health disparities, serving as Co-PI for the NCI-funded Deep South Network for Cancer Control and the Morehouse School of Medicine/Tuskegee University/UAB Comprehensive Cancer Center Partnership, and is responsible for the training and career development of minority students and faculty within the Network to enhance their research capabilities. Through these efforts, as well as by generously devoting time to trainees that she personally and successfully mentors, Dr. Fouad is making an enormous contribution to the next generation of leaders in the fight against health disparities.

■ **STEVEN K. GALSON, M.D., M.P.H.**

Acting Surgeon General

Since October 2007, Rear Admiral Steven K. Galson, M.D., M.P.H., has served as the Acting Surgeon General of the United States. As the nation's top public health physician, the Surgeon General communicates the best science, evidence, and data to the American people in order for them to make healthy choices that impact their health, safety, and security. Additionally, he serves as the operational Commander of the Commissioned Corps of the United States Public Health Service, a uniformed force of 6,000 health professional officers dedicated to promoting, protecting, and advancing the health and safety of the people of the United States.

Prior to his appointment as Acting Surgeon General, he served as the Director of the Center for Drug Evaluation and Research (CDER) at the Food and Drug Administration (FDA). As the Director, RADM Galson oversaw CDER's broad national and international programs in pharmaceutical regulation and provided leadership for 2300 physicians, statisticians,

chemists, pharmacologists and other scientists, as well as administrators whose work promoted and protected public health by ensuring that safe and effective drugs are available to the American public.

RADM Galson began his Public Health Service (PHS) career as an epidemiological investigator at the Centers for Disease Control after completing a residency in internal medicine at the Hospitals of the Medical College of Pennsylvania. He has held senior-level positions at the Environmental Protection Agency, the Department of Energy where he was the Chief Medical Officer, and the Department of Health and Human Services. Prior to his arrival at the Food and Drug Administration (FDA), RADM Galson was the Director of the Office of Science Coordination and Policy, Office of Prevention, Pesticides and Toxic Substances, at the EPA. Dr. Galson joined FDA in April 2001 as the CDER Deputy Center Director and was appointed Director in July 2005.

RADM Galson received his Baccalaureate Degree from Stony Brook University in 1978, an M.D. from the Mt. Sinai School of Medicine in 1983, and a M.P.H. from the Harvard School of Public Health in 1990. He is Board Certified in General Preventive Medicine and Public Health as well as in Occupational Medicine. RADM Galson is the recipient of numerous PHS awards, including the Outstanding Service Medal for his leadership and management of CDER during a time of national crisis. He is also the recipient of three Secretary of Energy Gold Awards. Dr. Galson is member of the Institute of Medicine Forum on Drug Discovery, Development, and Translation and recently completed a term as member of the National Board of Medical Examiners. He is a regular peer reviewer for medical journals.

■ **REV. GARY R. GUNDERSON, M.DIV.,
D.MIN., D.DIV. (HON.)**

*Senior Vice President for Health and Welfare Ministries,
Methodist LeBonheur Healthcare*

Gary's two leadership roles focus on building the capacity of religious institutions to advance health and wholeness. Since the Interfaith Health Program (IHP) began at The Carter Center in 1992, Gunderson has explored the confluence of health and faith by working with an international network of community leaders and multi-disciplinary scholars. He is the author of several books, notably *Deeply Woven Roots* and *Boundary Leaders* (Fortress Press, 1997 and 2004), many articles and hundreds of speeches and presentations to religious and science groups. His book, *Leading Causes of Life*, with Larry Pray, was published in 2006 (Center for Excellence in Faith and Health).

Before coming to Memphis, Gary served as the long term Director of the Interfaith Health Program at The Carter Center and then at Emory School of Public Health. Under Gary's leadership, the IHP has been in a long-term partnership with the Centers for Disease Control and Prevention and other government entities. This includes the development of the Institute for Public Health and Faith Collaborations, which has trained dozens of teams of leaders from 19 states. IHP has served as one of the intermediaries for the Compassion Capital Fund of the Department of Health and Human Resources in partnership with ten foundations. He was the Primary Investigator for a landmark contract with the World Health Organization for mapping the religious health assets of two Africa countries along with scholars from the University of Cape Town (where he serves as visiting faculty) and the Universities of KwaZulu Natal and Witwatersrand. In 2005 Gunderson was one of Emory University's top 100 funded research scientists.

Gary serves on a range of national and international advisory boards. He served on the Institute of Medicine panel examining the role of U.S. voluntary human

resources in the expanded response to HIV/AIDS. He is the co-chair of the World Council of Churches advisory group on Mental Health Ministries and is an advisor to the Duke Divinity School Center on Sustaining Pastoral Excellence, the Chicago Theological Seminary Center for Community Transformation and Wesley Seminary's Doctor of Ministry program. He was the co-chair of the 2006 Congress on Urban Ministry of The Seminary Consortium for Urban Pastoral Education (SCUPE). He continues to serve as faculty for the Department of Global Health of the Rollins School of Public Health and for the Candler School of Theology of Emory University.

■ **DEBORAH PARHAM HOPSON, PH. D.,
R.N.**

*Associate Administrator for HIV/AIDS, Health
Resources Services Administration
U.S. Department of Health and Human Services*

Deborah Parham Hopson is the Associate Administrator of the HIV/AIDS Bureau (HAB) at the Health Resources and Services Administration (HRSA) in the federal Department of Health and Human Services. As HAB's Associate Administrator, Dr. Parham Hopson is responsible for managing over \$2.1 billion for programs authorized under the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White HIV/AIDS Program). The Ryan White HIV/AIDS program funds training for health care professionals and medical care, treatment, referrals and support services, for over 531,000 uninsured, underinsured, and underserved people living with HIV disease in the United States and the U.S. Territories. In addition, as part of the President's Emergency Plan for AIDS Relief, she directs a multi-million dollar global HIV/AIDS program with training, care and treatment activities in Africa, Asia, and the Caribbean. Dr. Parham Hopson received her undergraduate degree in nursing and health from the University of Cincinnati and her Master of Science and Doctor of Philosophy degrees

in health policy and administration from the University of North Carolina at Chapel Hill School of Public Health.

■ JEDD MEDEFIND

*Special Assistant to the President and Acting Director
White House Office of Faith-Based and Community
Initiatives*

Jedd Medefind serves as Special Assistant to the President and Acting Director of the White House Office of Faith-Based and Community Initiatives. In this role, Medefind leads the White House Office and its partner Centers in eleven major Federal agencies to strengthen the work of frontline nonprofits and social entrepreneurs and ensure their role as central partners in any Federal effort that addresses human needs — from addiction, homelessness, prisoner reentry and at-risk youth to global HIV/AIDS and malaria.

Prior to his current role, Medefind served as Deputy Director of the Faith-Based and Community Initiative (FBCI), managing the White House Office team and implementing Presidential priorities across the Federal government. He also served as Director of the FBCI Center at the U.S. Department of Labor, where he led efforts to expand the work of faith-based and other community groups in cutting crime and prisoner recidivism, boosting welfare-to-work efforts and helping individuals overcome poverty through successful employment.

Previously, Medefind filled a range of posts in the California State Legislature, including Communications Director and Chief of Staff in the State Senate and State Assembly. He also helped create and lead the California Community Renewal Project, which provides resources and training to organizations that serve the state's most challenged communities.

Medefind has worked, studied and served in more than thirty countries, including projects in Guatemala, Bangladesh, the Kingdom of Lesotho and a number of other countries. He also worked for Price-Waterhouse Russia in Moscow.

The book *Four Souls*, which he wrote with three close friends, explores questions of faith, poverty and community amid a journey around the globe. His most recent book, *The Revolutionary Communicator*, examines the grace and greatness of Jesus' approach to communication and leadership. Jedd and his wife Rachel and their two daughters live in Washington, D.C.

■ PAT PETERSON

*Coordinator, Minnesota Faith Health Consortium
Minnesota Immunization Networking Initiative*

Patricia Peterson is Faith Community Outreach Manager for Fairview Health Services in Minneapolis, Minnesota where she coordinates the Minnesota Faith Health Consortium, a collaborative founded by Fairview Health Services, the Academic Health Center at the University of Minnesota, and Luther Seminary. Pat has been involved in community work in the Twin Cities as a professional and volunteer for the past 30 years. She is a summa cum laude graduate of Bethel University and holds a Masters in Public Administration from Hamline University. Previous to her current position, she served first as Program Director of a large suburban church and then as Vice President of a faith based nonprofit. In her current position, she works with faith communities to: increase understanding of the links between faith and health, and create messages and programs to promote wellness, prevent disease, foster civic and congregational involvement, and ensure access to health and pastoral care.

■ **PENELOPE S. ROYALL**

Director, Office of Disease Prevention and Health Promotion

U.S. Department of Health and Human Services

RADM Penelope Slade Royall, PT, MSW, Deputy Assistant Secretary for Health, Disease Prevention and Health Promotion, directs the Office of Disease Prevention and Health Promotion (ODPHP), Office of Public Health and Science (OPHS) in the U.S. Department of Health and Human Services (HHS). RADM Royall is a Commissioned Corps Officer in the U.S. Public Health Service. As the Deputy Assistant Secretary for Health, Disease Prevention and Health Promotion, RADM Royall is responsible for strengthening the disease prevention and health promotion priorities of the Department within the collaborative framework of the HHS agencies. She is a senior health advisor to the Assistant Secretary for Health and to the Secretary of HHS.

RADM Royall leads the ODPHP in coordinating two key initiatives for Secretary Leavitt — the Secretary's Prevention Priority, built on President Bush's HealthierUS initiative and Healthy People 2010, the Department's comprehensive set of national disease prevention and health promotion objectives developed to

improve the health of all people in the United States during the first decade of the 21st century. Together, these efforts focus both on preventing disease by addressing major risk factors (such as physical inactivity and poor nutrition) and on reducing the burden of disease through appropriate health screenings and prevention of secondary conditions. The Secretary's Prevention Priority is focused on the fact that the risk of many diseases and health conditions is reduced through preventive actions. In leading this priority for the Secretary, RADM Royall, through the HHS agencies and within OPHS, builds on HHS policy and programs based on the best available evidence on how to prevent or mitigate chronic disease through promotion of healthy lifestyle choices, medical screenings, and avoidance of risky behaviors.

